

**APPLICATION FOR LIST OF THOSE ENGAGED
IN THE BUSINESS OF BECOMING SURETY UPON BONDS
FOR COMPENSATION IN CRIMINAL CASES IN MACOMB COUNTY**

Applicant's Name

Agency Name

Applicant's mailing address for **OFFICIAL** communications

Address Line 2

City, State, Zip

Phone Number(s) (**UP TO TWO NUMBERS MAY BE LISTED**)

Email address

Name of 1st insurance company that insures applicant's bonds

Name of 2nd insurance company that insures applicant's bonds

Address of 1st insurance company

Address of 2nd insurance company

Address Line 2

Address Line 2

City, State, Zip

City, State, Zip

Bond Limit – Insurance Company 1

Bond Limit – Insurance Company 2

NOTE:

You MUST attach the following documents to this application for each agent listed, including yourself:

- Proof of licensure of applicant by the Michigan Insurance Commissioner
- Qualifying power of attorney from the insurance company that insures applicant's bonds

INCOMPLETE APPLICATIONS OR APPLICATIONS MISSING DOCUMENTATION WILL BE DENIED.

PLEASE LIST ALL AUTHORIZED AGENTS YOU WISH TO INCLUDE ON THE BACK OF THIS FORM →

LIST OF ALL AUTHORIZED AGENTS

First Name	Last Name	Phone (Up to two numbers for each agent)	Insurance Company	Amount Qualified to Write Bonds For	License and QPOA attached
					<input type="checkbox"/>
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Attach additional sheets, if necessary.